

# **ADVANCING TITLE V GOALS THROUGH MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS (MIECHV)**

**Association of Maternal Child Health Programs Annual Conference  
Washington. D.C.**

**February 11, 2013**

**Catherine J. Bodkin, LCSW**

**ZERO TO THREE**

**MIECHV Technical Assistance Coordinating Center**

# TITLE V: Purposes

- Assure **access** to quality care;
  - Reduce **infant mortality**;
  - Provide and ensure access to **comprehensive prenatal and postnatal care to women**;
  - Increase the number of **children receiving health assessments, diagnostic and treatment services**;
  - Provide and ensure **access to preventive and child care services as well as rehabilitative services**;
  - Implement **family-centered**, community-based, systems of **coordinated care** for children with special healthcare needs;
  - Provide **toll-free hotlines** and assistance in applying for **services**
- HRSA website downloaded January 2, 2013



# **TITLE V: Unique in its design & scope**

- Focuses exclusively on the entire maternal and child health population;
- Encompasses infrastructure, population-based, enabling, and direct services for the maternal and child health population;
- Requires a unique partnership arrangement between Federal, State and local entities;
- Requires each State to work collaboratively with other organizations to conduct a State-wide, comprehensive Needs Assessment every 5 years;
- Based on the findings of the Needs Assessment, requires each State to identify State priorities;
- May serve as the payer of last resort for direct services.-

# TITLE V: Data Collecting and Reporting

- States and jurisdictions **report annually** on their program activities and their performance;
- 18 **National Performance Measures**, 9 Health Systems Capacity Indicators, 6 National Outcome Measures and 12 Health Status Indicators;
- Each State develops between 7 and 10 **State Performance Measures** to address identified priorities and unique needs. —HRSA website downloaded January 2, 2013



# TITLE V AND MIECHV

- **Share Purposes:**
  - Reduction in infant mortality
  - Increase breastfeeding
  - Screening and Referral
  - Access to medical care
- **Target Similar Populations**
- **Conduct Needs Assessment**
- **Collect Similar Data**
- **Focus on Comprehensive Systems**
- **Development of State and Local Leadership**
- **Continuous quality improvement**
- **Funding**



# Affordable Care Act March 23, 2010

- **Maternal, Infant and Early Childhood Home Visiting**
  - to strengthen and improve the programs and activities carried out under Title V of the Social Security Act;
  - to improve coordination of services for at-risk communities;
  - to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

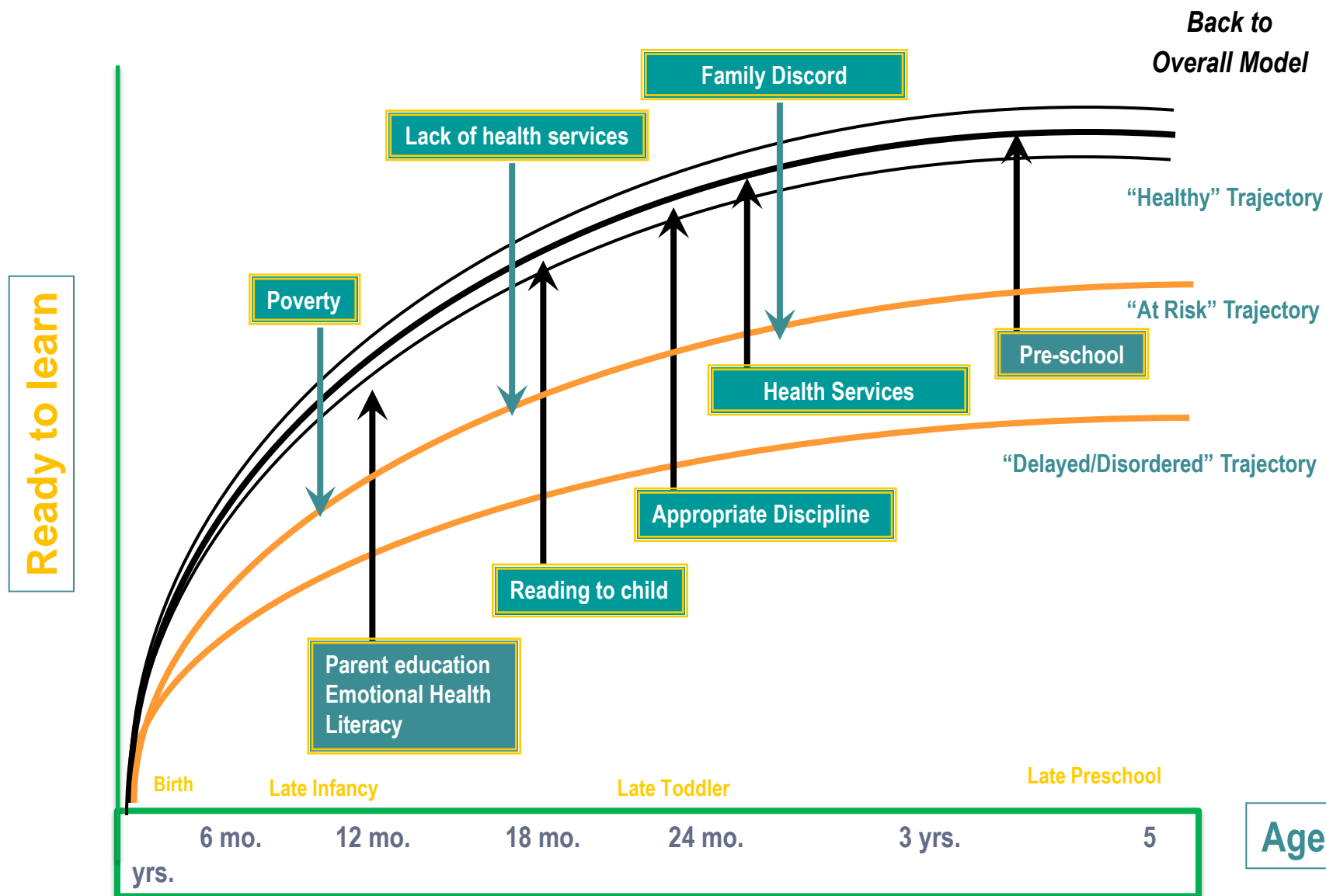


# Theoretical Context of Legislation

- **Life Course Health Development**
- **Socio-ecological Approach**
- **Federal, state and local collaboration**
- **Public-private partnerships**
- **Gaps in research on the evidence-base for the home visiting practice field**
- **Implementation Science**



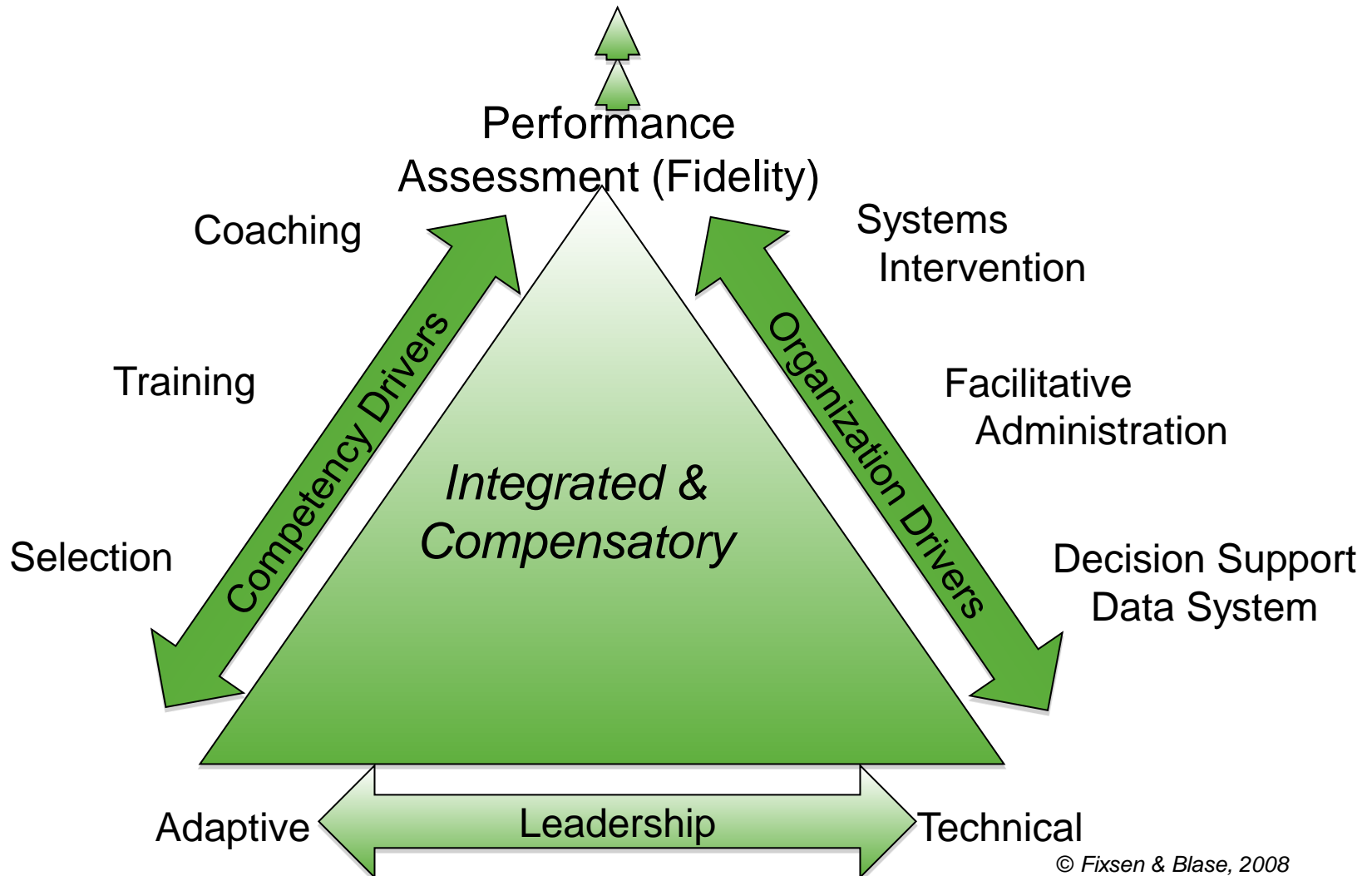
# Life Course Health Development





# Implementation Science

## Improved Outcomes for Children and Families Effective Home Visiting Approaches



# Target At-Risk Populations Priorities Required

- Residents living in at-risk communities
- Low-income eligible families
- Pregnant women who have not attained age 21
- Families that have a history of child abuse or neglect
- Families that have a history of substance abuse
- Families that have users of tobacco products in the home
- Families that are or have children with low student achievement
- Families with children with developmental delays or disabilities
- Families that include individuals who, are serving or formerly served in the Armed Forces

# Benchmarks

- 6 Domains: Maternal and Newborn Health; Child Injuries/Abuse/Neglect; School Readiness; Crime and Domestic Violence; Family Economic Security; Links to Community Resources
- Tools and methods of collection
- States must achieve progress on 4 of 6 Benchmarks by Year 3 and again by Year 5
- Evaluation to Congress Spring 2015



# Public Bill 111-148

- **Home Visiting Model definition**

- in existence for at least 3 years;
- is research-based, grounded in relevant empirically-based knowledge;
- linked to program determined outcomes;
- associated with a national organization or institution of higher education;
- has comprehensive program standards that ensure high quality service delivery and continuous program quality improvement;
- has demonstrated significant, sustained positive outcomes;



## H.R 3590 Definition 2010 (continued)

- employs well-trained and competent staff, and provides ongoing and specific training on the model;
- maintains high quality supervision;
- demonstrates strong organizational capacity to implement the activities involved;
- establishes linkages and referral networks;
- monitors the fidelity of program implementation.



# Evidence-based Models\*

- Child First
- Early Head Start–Home-based Option
- Early Intervention Program with Adolescent Mothers EIP
- Early Start-New Zealand
- Family Check Up
- Healthy Families America
- Healthy Steps
- Home Instruction Program for Preschool Youngsters
- Nurse Family Partnership
- Oklahoma CBFRS
- PALS Infant
- Parents as Teachers
- Safe Care Augmented

\*List of approved evidence-based models as of October 2012



# State Tasks



- **Identify At-Risk Communities**
  - Needs Assessment
  - Match Needs to Evidence-based Models
  - Select Model(s) to implement/expand
- **State Plan**
  - Coordination among existing programs/resources
  - Integration the proposed home visiting services into an early childhood system
- **Identification of data collection system**
  - Work with other EC partners
- **Plan for CQI**
  - State and local teams

# How States are Using Federal MIECHV Funds

- About 2/3 of states are implementing multiple models
- About half of states are implementing at least one model new to their state
- 6 states studying promising practice
- States with Expansion Grants have additional evaluation questions
- Most states are funding services through contracts with local providers
- A few states are implementing a program directly through a state agency
- All states are improving state infrastructure



# State Innovations:

- Research to Practice
- Centralized Intake
- Improved Data Collection
- Continuous Quality Improvement
- Professional Development System
- Integrated into Early Childhood System
- Public Engagement
- Sustainability



# Websites



- <http://mchb.hrsa.gov/programs/homevisiting>
- [www.homvee.acf.hhs.gov](http://www.homvee.acf.hhs.gov)
- <http://www.mdrc.org/dohve>
- <http://www.pewcenteronthestates.org>
- [www.zerotothree.org](http://www.zerotothree.org)

# Contact:

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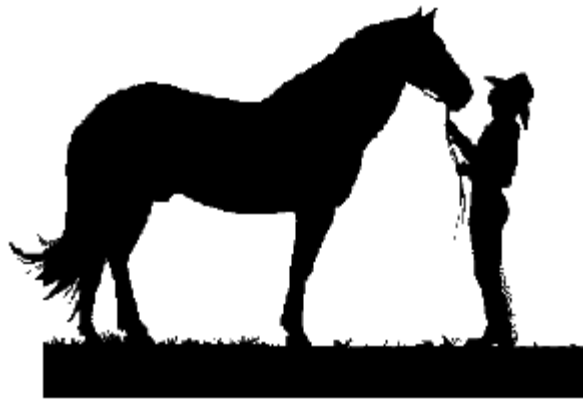
Washington, D.C. 20037

202-638-1144 (main)



# Advancing Title V through MIECHV

## Arizona's Journey



# Bureau of Women's and Children's Health - Vision Statement

*Healthy Women....*

*Healthy Children....*

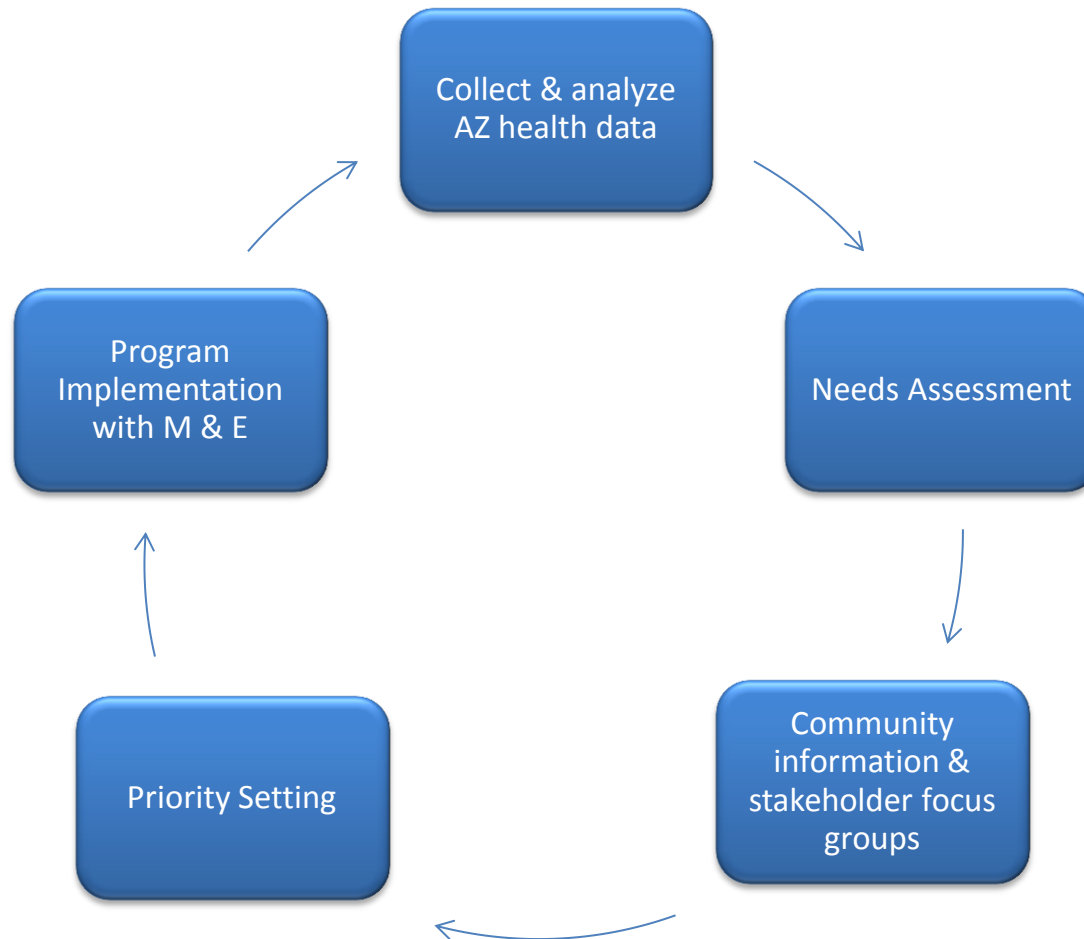
*Healthy Tomorrow....*



# Title V Block Grant in 1981

Enabled each state to identify and  
then target their own needs.

# Title V Process in Arizona



# Arizona's Priorities

- REDUCE **TEEN PREGNANCY** AMONG YOUTH LESS THAN 19 YEARS OF AGE
- IMPROVE THE PERCENTAGE OF CHILDREN AND FAMILIES WHO ARE AT A **HEALTHY WEIGHT**
- IMPROVE THE **HEALTH OF WOMEN** PRIOR TO PREGNANCY
- REDUCE THE RATE OF **INJURIES**, BOTH INTENTIONAL AND UNINTENTIONAL, AMONG ARIZONANS
- IMPROVE ACCESS TO AND QUALITY OF **PREVENTIVE HEALTH SERVICES** FOR CHILDREN
- IMPROVE THE **ORAL HEALTH** OF ARIZONANS
- IMPROVE THE **BEHAVIORAL HEALTH** OF WOMEN AND CHILDREN
- REDUCE UNMET NEED FOR **HEARING SERVICES**
- PREPARE CYSHCN FOR **TRANSITION** TO ADULthood
- PROMOTE **INCLUSION** OF CSHCN IN ALL ASPECTS OF LIFE



# MIECHV Goals

- Strengthen and improve programs and activities carried out under Title V of the Social Security Act
- Improve coordination of services for at-risk communities
- Identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities



# Round 'em Up

- Original Task Force
- MIECHV released
- Inter Agency Leadership Team
- New Task Force

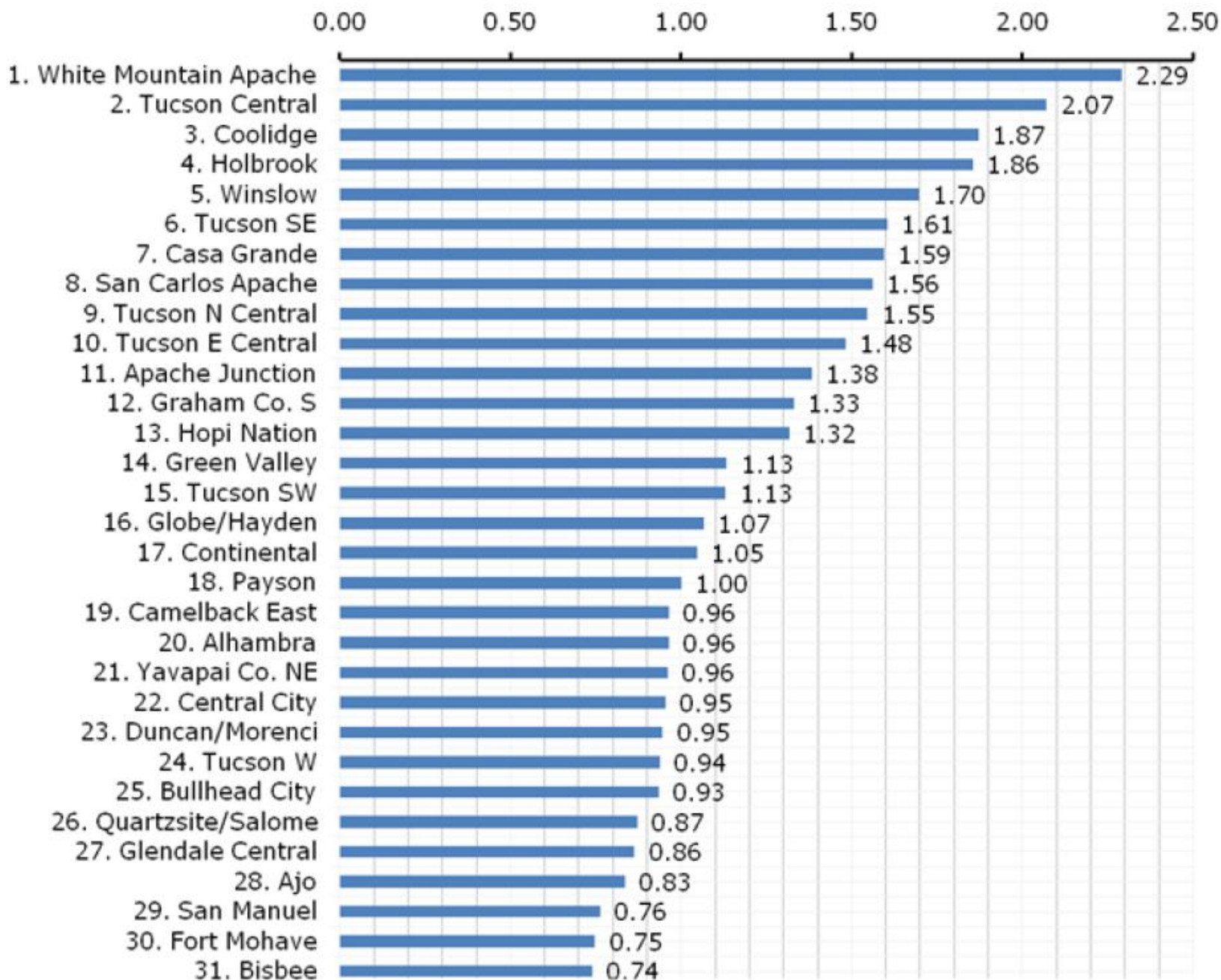


# Arizona's MIECHV Goals

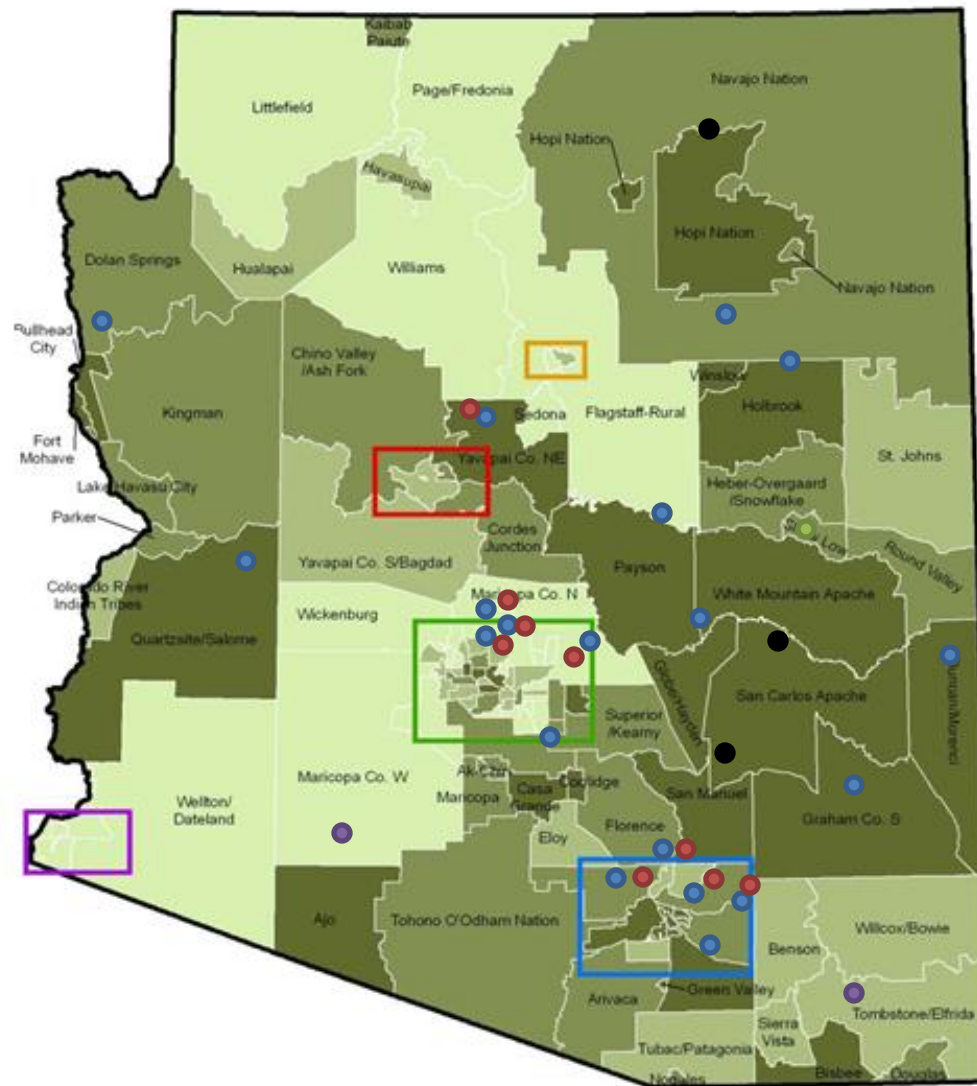
- Evidence Based Home visiting for at risk women
- Professional Development
- Capacity Building

# Profile of 31 High Risk Communities

## Standardised Scores



# Communities by Level of Risk and Implementation Status



azdhs.gov



# Arizona's MIECHV Professional Development Program

Hosted a Professional Development Conference in 2012 with over 500 home visitors in attendance.



Integrated System	Discussion of Training Structure	
	Integrated System Type of Training	
	<b>Statewide Strong Families AZ Conference</b>	The first annual Strong Families AZ Conference was held in 2012. In collaboration with other stakeholders, the program will hold an annual Strong Families AZ Home Visiting Conference to provide professional development for home visitors. The topics addressed will be based on the needs identified in community assessments. Scholarships will be provided.
	<b>Regional Benchmark Institutes</b>	Regional Benchmark Institutes will be a series of trainings focused on MIECHV benchmarks open to all home visitors and presented in locations throughout the state. The benchmarks are: Improved Maternal and Newborn Health related issues; Improvements in School Readiness and Achievement; Improve Family Economic Self-Sufficiency for "at risk" families; Reduce Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits; Reduce Domestic Violence; and Improve Coordination and Referrals for Other Community Resources and Supports.
	<b>Best Practice Training with Technical Assistance</b>	Home visitors state that some types of training are most effective when provided in small groups and followed up with technical assistance by phone, email and/or on-site. The program plans to develop a series of these trainings on topics indicated as high priority such as: identification and follow up with victims of domestic violence, maternal depression, Ages & Stages development assessment, etc. with technical assistance provided on-site and/or by phone and email to assist with effective implementation of new skills acquired. MIECHV has funded positions to assist with training on Breast feeding; nutrition and physical activity and injury prevention.
	<b>Healthy Families Train the Trainers</b>	The Department of Economic Security (DES), the administrative agency Healthy Families Arizona, requires additional qualified trainers to provide training for home visitors under the MIECHV grant. The training will include an out of state master to conduct the "train the trainer" training and observe trainer trainees conduct initial trainings.
	<b>Supervisors Training</b>	A critical component of the fidelity of evidence based programs is the mentorship of home visitors by supervisors. This training will provide professional development relevant to the supervisor's role within home visiting. Topics may include reflective supervision, engaging and retaining home visitors, building community partners, strategies for staying connected to home visitors in the field between supervision meetings, self-care, and networking opportunities among the home visiting supervisors within the programs.
	<b>Training Calendar</b>	In collaboration with community partners, the program will create a training calendar on the StrongFamiliesAZ.com website where home visitors and parents can locate, post and sign up for training on topics related to maternal and child health, family stability, community resources, injury prevention, breast feeding, and violence in the home including child maltreatment, etc.
	<b>TRAIN Computer based on-line Training Programs</b>	The program will contract with TRAIN to develop modules for on-line distance learning and provide access to curriculums already developed hosted on the TRAIN site. The curriculums accessed through TRAIN will be relevant to the needs of home visitors and accessible to all home visitors on a secure location on the strongfamiliesaz.
	<b>Strong Families Home Visitor Scholarships</b>	This will provide scholarships for home visitors to attend trainings in addition to the annual Strong Families AZ conference. Home visitors and their supervisor will provide documentation on the training and how their attendance will positively impact the statewide home visiting system. Scholarships will be offered at a maximum amount of \$5,000 per organization.
	<b>Coordinator Community Education</b>	Each community that is building capacity will have a Coordinator who will procure 5 or more trainings annually for local providers and parents. There will be a pool of funds for all MIECHV grantees to use for local trainings and parent education. MIECHV has funded portions of positions to assist with training in the following areas: Breast feeding; nutrition and physical activity and injury prevention.
	<b>Webinars</b>	The program will invite Home Visitors to state, federal and local webinars.

Strong Families AZ

strongfamiliesaz.com

ENGLISH | ESPAÑOL

STRONGFAMILIES AZ

WHAT IS AVAILABLE IN YOUR AREA? ABOUT SUCCESS STORIES PROGRAMS CONTACT US

**Jon & Debby**  
Jon and Debby's son was born three months premature.

**Diana**  
Diana is the proud mother of a four-year old.

**Ruth**  
Ruth is fulfilling a lifelong dream with her career in home visiting.

WATCH ALL THE SUCCESS STORIES -

**Program Directory**

Use the directory to find a program available in your area.

Zip Code:

Get started >>

**Why Home Visiting?**

The education and support provided by home visiting programs leaves young families more confident, capable and hopeful for their future and the future of their children.

Read FAQs >>

**What is Strong Families AZ?**

Strong Families AZ is a network of home visiting programs that helps families raise healthy children ready to succeed in school and in life. [Our programs](#) focus on expectant parents and families with children.

Home visitors have helped families just like yours become stronger. We understand you and are here to help you build on the parenting skills you already have. Services are voluntary and are offered at no cost to you.

**Home visiting delivers short and long-term benefits for (all types of) families.**

Parenting can be overwhelming especially for young families who may be facing a variety of economic, health, social and educational concerns; and that's where home visiting programs can play a positive role.

[Young families who participate in a home visiting program](#) report that they feel more confident, capable, and hopeful for their future and the future of their children.

When families feel supported they are more likely to achieve their full potential and that's where Strong Families AZ network of partners play an important role, facilitating a more stable existence through one-on-one, tailored counseling and education.

See all of our Home Visitation programs >>

Learn more about additional resources available

Strong Families AZ.htm

Strong Families AZ.htm

Show all downloads...

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12/26/2012



# Capacity Building



# Arizona Priority: Healthy Weight

Through MIECHV funding, Arizona is able to provide professional development for home visitors:

- Nutrition
  - Breastfeeding
  - Physical activity for mom and baby
- **Title V Performance Measure 11:** *The percent of mothers who breastfeed their infants at 6 months of age*
  - **Title V Performance Measure 14:** *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile*

# Arizona Priority: Oral Health

Through MIECHV funding, Arizona is able to provide professional development for home visitors about:

- Need for preventive dental services
  - Use of bottles
- 
- **State Performance Measure 6:** *Percent of Medicaid Enrollees age 1-14 who received at least one preventive dental service within the last year*

# Arizona Priority: Injury Prevention

Through MIECHV funding Arizona is able to provide professional development to home visitors:

- Safe sleep
  - Car seats
  - Home safety
  - Domestic violence
- **Title V Performance Measure 10:** *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children*
  - **State Performance Measure 4:** *Emergency department visits for unintentional injuries per 100,000 children age 1-14*

# Arizona Priority: Access to Preventive Health Services

Through MIECHV funding, Arizona is able to expand early childhood home visiting to at risk families. Home Visitors:

- Assist families to enroll in Medicaid or insurance
  - Link pregnant women to prenatal care
  - Educate pregnant women about signs of labor, including early labor
- **Title V Performance Measure 13:** *Percent of children without health insurance*

# Arizona Priority: Teen Pregnancy Prevention

Through MIECHV funding Arizona is able to provide professional development to home visitors:

- Teen pregnancy prevention
  - Family planning
  - Preconception/interconception health
- **Performance Measure 08:** *The rate of birth (per 1,000) for teenagers aged 15 through 17 years*
  - **State Performance Measure 5:** *The percent of women having a subsequent pregnancy during the inter-pregnancy interval of 18-59 months*

# Can't do a Jarabe Tapatio by yourself !



# MIECHV: An Opportunity to Enhance Title V

- Title V supports programs based on priorities
- MIECHV helps identify women and children at risk and guide them into services that are supported by Title V
- MIECHV helps develop infrastructure



# Thank you! – Questions?

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[Bureau of Women's & Children's Health  
http://www.azdhs.gov/phs/owch/index.htm](http://www.azdhs.gov/phs/owch/index.htm)



Strong Families Arizona  
<http://strongfamiliesaz.com>



# **Advancing Title V through MIECHV in Ohio**

2013 AMCHP Annual Conference

Washington, DC

February 11, 2013

# ODH Strategic Plan: Key Issues and Cross Cutting Strategies

PCMH

Tobacco

*Vision*

Optimal health for all Ohioans

*Mission*

Protect and improve the health of all Ohioans  
by preventing disease, promoting good health  
and assuring access to quality care

Infant  
Mortality

Obesity

Strengthen Relationships  
With External Stakeholders

Enhance the  
Work Climate at ODH

# Division of Family & Community Health Services

**Division Chief**

**Title V Coordinator**

**Physician  
Administrator**

**Bureau of  
Child &  
Family Health  
Services**

**Bureau for  
Children with  
Developmental  
& Special Health  
Needs**

**Bureau of  
Community  
Health Services &  
Patient Centered  
Primary Care**

**Bureau of  
Nutrition  
Services**



# Ohio's Title V and MIECHV Programs

Focus on advancing the state's  
integrated early childhood  
system and children's  
developmental readiness



# Ohio's Title V Critical Priorities

- A. Improve health of children and adolescents
  - 1. Increase physical activity
  - 2. Increase breastfeeding initiatives and duration rates
  - 3. Improve early childhood development
- B. Increase positive pregnancy outcomes and preconception health
  - 4. Decrease rate of smoking for pregnant women, young women and parents



# Ohio's Title V Critical Priorities

## C. System Improvement

5. Increase the viability of the health care safety net
6. Increase the number of women, children and adolescents with a health home
7. Increase access to evidence based community prevention programs
8. Increase successful transition of special needs children to adult health care systems
9. Improve the availability of useful and accurate health care data and information





# Ohio's Title V and MIECHV Programs

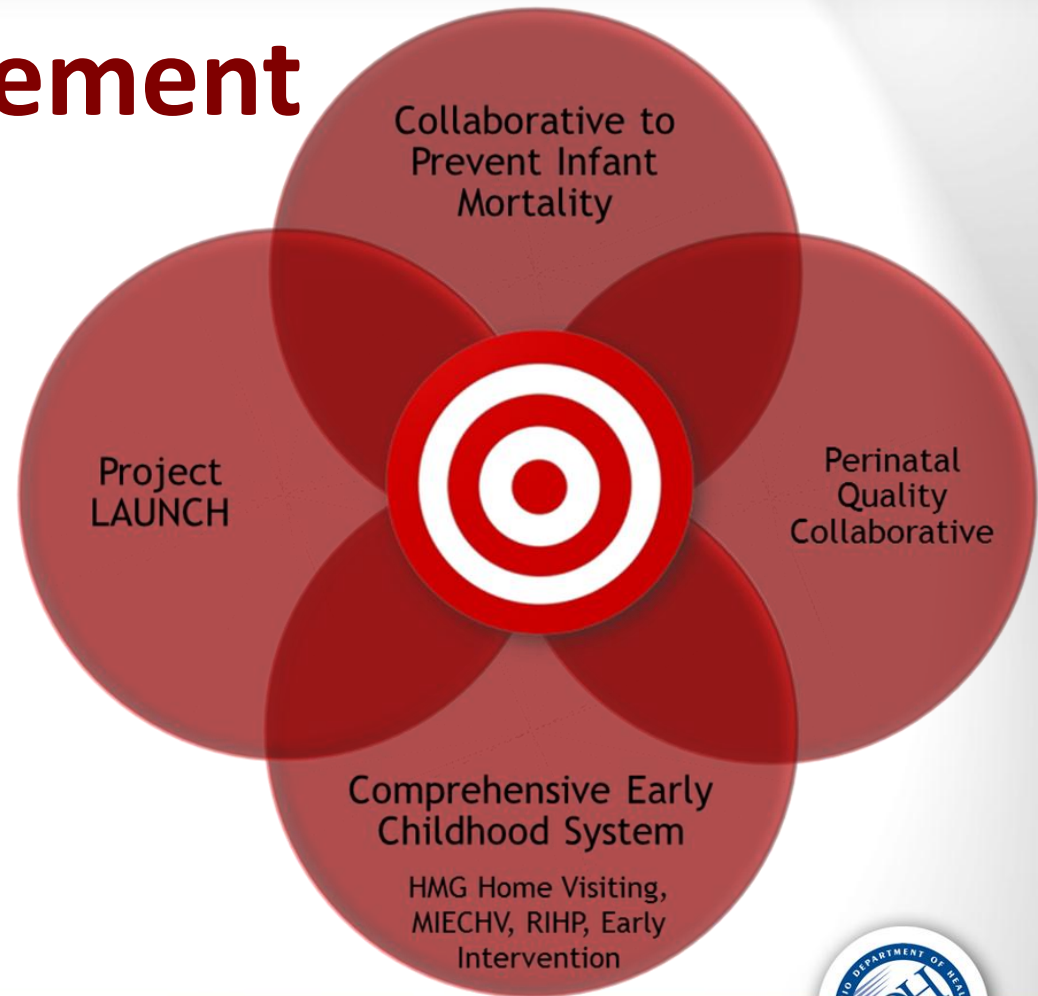
- Aim to improve maternal & child population health by acting as:
  - Conveyer
  - Collaborator
  - Funder
  - Data Supplier
  - Policy Developer
  - Standards Developer
  - Evaluator
  - “Influencer” of other systems





# Prevention, Systems of Care & Quality Improvement

Title V and MIECHV initiatives are on target to work collaboratively, breaking down programmatic and fiscal silos to strengthen the entire early childhood system



# Help Me Grow Home Visiting

- Launched July 16, 2010
- Provides a continuum of care & services for prenatal moms and children/families up to age three with a set of statewide rules, standards, components, goals, outcomes and measures
- Program rules (O.A.C. 3701-8) enacted September 3, 2012



# Shameless Plug

- Third National Summit on Quality in Home Visiting Programs
  - Thursday 2/14/2013 10:45 – 12:00
  - State Strategies 5: “Managing and Coordinating Multiple EBHV Models within a State System”
  - Moderator: Dr. Deborah Daro
  - State Perspectives from Arizona and Ohio



# Help Me Grow Home Visiting



## Program Components

- Research-based parenting education curriculum
- Ongoing screenings and assessments
- Family need-based referral/resource linkage
- Transition to a development enhancing program/early care and education provider

## Program Goals

- Increase Healthy Pregnancies
- Improve Parenting Competence and Confidence
- Improve Child Health, Development and Readiness
- Increase Family Connectedness to Community and Social Support



# Additional HV Initiatives in Ohio

- Ohio Infant Mortality Reduction Initiative
- Ohio Children's Trust Fund
- Head Start/Early Head Start
- Healthy Start initiatives
  - Caring for 2 in the City if Columbus
  - Mom's First Project in the City of Cleveland
- Healthy Connections HV



# **MIECHV – Expand EBHV Services**

Ohio's needs assessment identified 31 (of 88) counties deemed “at-risk” for poor maternal and child health outcomes

MIECHV Formula funding supports the enhancement and expansion of EBHV for up to 715 families in 10 targeted communities

Development funding will support up to an additional 610 families in 21 targeted communities

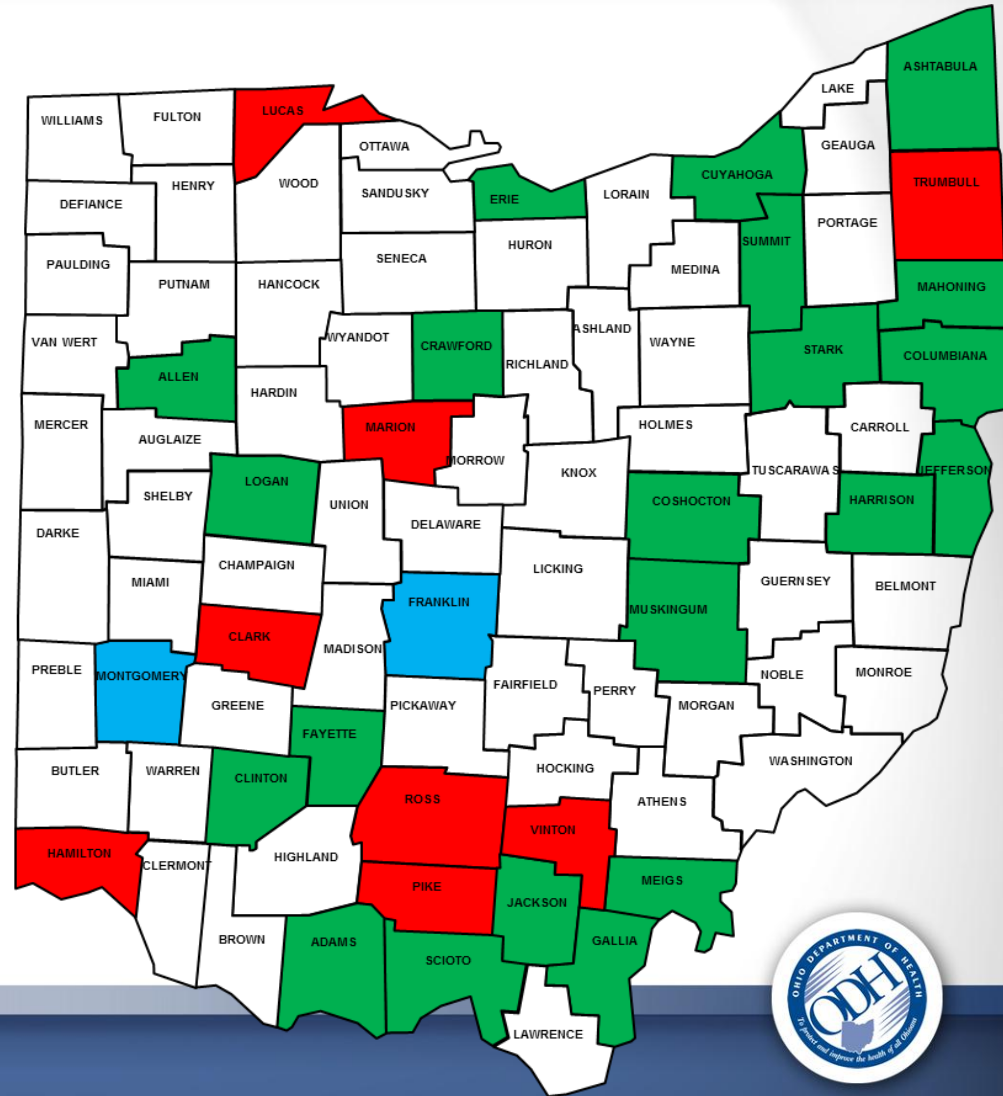




# Targeted Outreach & Enrollment

Identified providers in each community proposed program design and implementation based on locally identified needs within the most at-risk communities.

- Geographic areas
- Evidence-based model
- Eligibility criteria
  - Age at enrollment
  - Race/ethnicity
  - Socio-economics
- Length of intervention



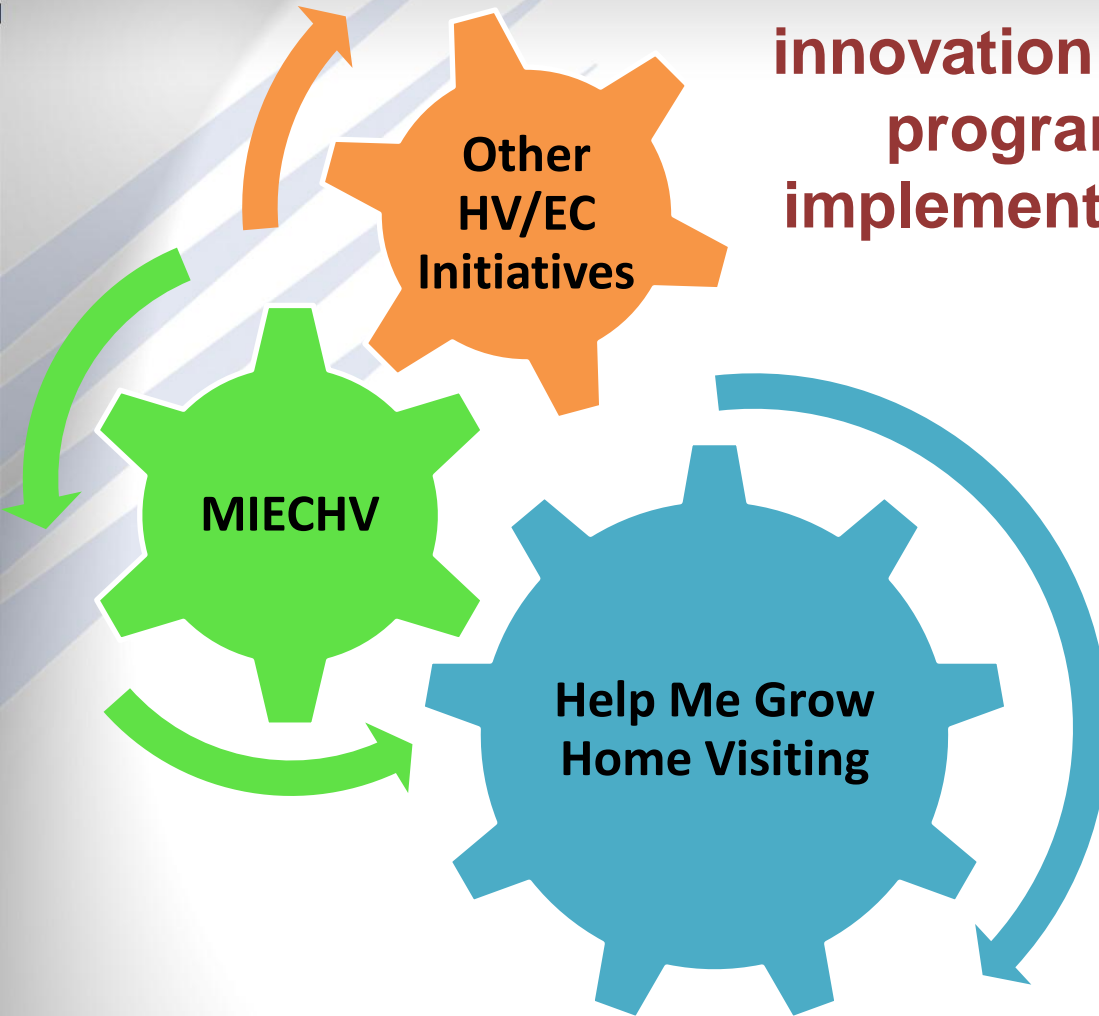
# MIECHV – System Enhancements

- Professional Development
- CQI Consultation
- HUB/PATHWAYS Consultation
- Continued development of statewide data system
- Statewide HV messaging and marketing
- Ohio Family & Children First Council Web Portal
- Unified team of admin, managers, consultants, data and research for HMG HV and MIECHV





## **MIECHV has been a catalyst for innovation and the exploration of programmatic design and implementation changes in Ohio**



- Direct Provider Relationships
- Statewide and program level affiliations with EBHV models
- Infusion of CQI principles at all levels to foster “Culture of Quality”
- Infrastructure planning for centralized coordination, training, outreach, and monitoring
- Payment for outcomes

# Innovative Ideas - Positive Results

- Benchmark 4 – Domestic Violence Screening and Referral
  - ODVN – Futures without Violence Curriculum
  - MIECHV Program Staff and Community DV Advocates trained together on screening
  - Catalyst for other local agencies request training from new teams
- Zero To Three Journal – January 2013
  - Pike County
  - New Home Visitor
  - Family Success



# Innovative Ideas - Positive Results

- Ohio's MIECHV Objective Three
  - Integrate addition assessment tool into HV programs
  - Screening Brief Intervention Referral for Treatment (SBRIT)
  - First training
- American Academy of Pediatrics awards grant to Ohio AAP
  - Implement an EBHV parental education initiative
  - Building Mental Wellness material development
  - Training for Home Visitors



# ~~Next Steps~~ At Every Step

- Continuously ensure that the planning, design of systems and implementation of program rules and policies are high quality, produce desired outcomes and are sustainable over time





# Thank you! Questions?

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